

COCONINO COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH

Office Use Only	
Receipt #:	
Amt Paid:	
Date Rec'd:	
Rec'd By:	
Referred To:	

Barbara Worgess Department Director Robert Maglievaz Manager

Application for License to Operate a Public and Semipublic Bathing Place

The term bathing places includes all bodies of water used collectively by a number of persons for swimming, wading or recreation bathing purposes, together with the shores, bathhouse, sanitary facilities, bathing suits, equipment and appurtenances pertaining to such bathing places. This does not apply to private swimming pools nor do they include baths used for cleaning purposes, hydrotherapy, or for the healing arts, unless such baths consist of a pool or pools used collectively by a number of individuals.

Please fill out the following information and submit to Coconino County Environmental Health with the fee of \$170.00.

Please complete (applications will be rejected if not complete):

Owner Information:				
Owner's Name:	Phone Number:			
Owner's Address:				
State: Zip Code: Fax # :	Cellular:			
Other address and/or phone numbers:				
Email:				
<u>Establ</u>	lishment Information:			
Establishment Name:				
Please check all that apply: Pool	ol Spa			
Street Address:	State: Zip Co	de:		
Mailing Address:	State: Zip Co	de:		
Phone Number(s):	Fax Number:			
Hours of Operation:				
	nation on this application. I also understand that the the establishment to meet current Environmental Hea			
Signature of Applicant:	Date:			